

AHCCCS ON-LINE CLAIM SUBMISSION MANUAL

Section 4.b:

Institutional (UB)



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Arizona Health Care Cost Containment System

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Newborn Notification

Claim Submission

Provider Verification

Account Information

User Name: awescobedo

User ID: 0000020

Type: Individual

IP: 170.68.241.35

AHCCCS Provider ID: 436198

User Account

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Claim Submission

Enter New Claim

Type of Claim:

Institutional

Professional

Institutional

Dental

Go...

View Status

Date of Submission:

Go...

Click on the down arrow

Click on Institutional

start

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User ID: 0000020

Type: Individual

IP: 170.68.241.35

AHCCCS Provider ID: 436198

User Account

Enter New Claim

Type of Claim: Institutional Go...

View Status

Date of Submission: Go...

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Account Information

User Name: awescobedo
User ID: 0000020
Type: Individual
IP: 170.68.241.46
AHCCCS Provider ID: 436198
User Account

Institutional Claim Information

Service Provider

Provider ID	National Provider ID (NPI)	Location	Tax ID	Name	Type
123456			123456789	Find...	

Note:

As of March 1, 2008 the NPI ID number will be required

Type your AHCCCS Provider ID number here

Type your Tax ID number here

Click on the Find button

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User ID: 0000020

Type: Individual

IP: 170.68.241.46

AHCCCS Provider ID: 436198

User Account

Institutional Claim Information

Service Provider

Provider ID	National Provider ID (NPI)	Location	Tax ID	Name	Type
123456		01	123456789	<input type="button" value="Find..."/>	The Place NURSING HOME

Recipient

AHCCCS ID	Name	Date of Birth	Gender
A12345678	<input type="button" value="Find..."/>		

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Institutional Claim Information

Service Provider

Provider ID	National Provider ID (NPI)	Location	Tax ID	Name	Type
123456		01	123456789	Find...	The Place NURSING HOME

Recipient

AHCCCS ID	Name	Date of Birth	Gender
a12345678	Find...	Doe, Jane	09/30/2006 F

Statement Covers Period

From	Through	Covered Days	Non-Covered Days	Coinsurance Days	Lifetime Reserve Days
01/01/2007	01/31/2007	31			

Enter the From Through dates

Enter the Covered Days (Span date)

Enter Admission Hour (for Inpatient or Outpatient).

For Inpatient only

Enter Bill Type

Enter Admission date

Click on the down arrow, and then click the Admit Type

Enter Patient Account #. Must have something in this box

Enter the Medical Record Number. (Required if applicable)

Click on the down arrow, and then click the Source Type.

Condition Codes required if applicable (i.e. 61 = outlier)

Click on the down arrow, and then click the Patient Status

When done, click on Next.

Note: There are built in edits that won't allow claim entry to continue until required fields are completed. If a required field is blank an edit message will appear asking for the information. When the edit message is clicked on the cursor will go to the field that requires the information.

Admission Date: 01/01/2007

Admission Hour: 3

Admission Type: 3

Admission Source: 6

Discharge Hour: 213

Type of Bill: 213

Original Reference Number:

Patient's Account Number: DOEJ

Medical Record Number: 1234

Condition Codes: 1 2 3 4 5 6 7 8

Patient Status: 30

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Occurrence Code and Dates required if applicable (i.e. 01 = Auto Accident, A3 = Benefits Exhausted). See UB-04 Manual for codes.

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User ID: 0000020
Type: Individual
IP: 170.68.241.35
AHCCCS Provider ID: 436198
User Account

Institutional Claim Information

Occurrence 1

Occurrence 2

Occurrence 3

Occurrence 4

Code

Date

Code

Date

Code

Date

Code

Date

a

b

Occurrence spans codes and dates required if applicable (see UB-04 Manual for codes)

Occurrence Span

Occurrence Span

Code

From

Through

Code

From

Through

a

b

Value Codes 1

Value Codes 2

Value Codes 3

Code

Amount

Code

Amount

Code

Amount

a

b

c

d

Value Codes and Amounts required if applicable (i.e.)

A1 = Medicare Part A Deductible
B1 = Medicare Part B Deductible
A2 = Medicare Part A Coinsurance
B2 = Medicare Part B Coinsurance
C1 = Third Party Payer Deductible

Click on Next

Skip this page, if you have TPL, you will need to submit on paper with the EOB

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Account Information

User Name: awescobedo

User ID: 0000020

Type: Individual

IP: 170.68.241.46

AHCCCS Provider ID: 436198

User Account

Institutional Claim Information

Diagnosis Codes

Principal	1	2	3	4	5	6	7	8	Admitting	E-Code
1234	12345	12340								

Attending Physician ID: Attending Physician NPI: Prior Authorization No.: Medicare Paid: \$ Other Insurance: \$ Principal Procedure Code: Date:

Other Procedure 1		Other Procedure 2		Other Procedure 3		Other Procedure 4		Other Procedure 5	
Code	Date	Code	Date	Code	Date	Code	Date	Code	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Referring Provider NPI: Billing Provider NPI:

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Account Information

User Name: awescobedo


User ID: 0000020

Type: Individual

IP: 170.68.241.46

AHCCCS Provider ID: 436198

User Account



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Institutional Claim Information

Service Lines

	Revenue Code	NDC Code	HCPCS Code	Modifier 1	Modifier 2	Service Date	Service Units	Billed Amount	Non-Covered Amount	Delete
1	0193						31	\$ 5459.72	\$	<input type="checkbox"/>
2								\$	\$	<input type="checkbox"/>
3								\$	\$	<input type="checkbox"/>
4								\$	\$	<input type="checkbox"/>
5								\$	\$	<input type="checkbox"/>
6								\$	\$	<input type="checkbox"/>
7								\$	\$	<input type="checkbox"/>
8								\$	\$	<input type="checkbox"/>
9								\$	\$	<input type="checkbox"/>
10								\$	\$	<input type="checkbox"/>

Add More Service Lines...

< Previous Submit

When done, click on **Submit**

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Account Information

User Name:	awescobedo
User ID:	0000020
Type:	Individual
IP:	170.68.241.35
AHCCCS Provider ID:	436198
User Account	

Claim Entry Confirmation


Transmission Status: Successful
Claim Type: Institutional
Patient Account Number: 123456

[View Claim](#) [Enter New Claim](#)

Click on

[View Claim](#)

This will let you view what was entered and allow you to make changes/corrections to the claim, if necessary.



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Arizona Health Care Cost Containment System Institutional Claim Submission

Recipient:	A12345678 Doe, John	Service Provider:	123456-01 Dr. John
Patient's Account Number:	DOEJ	Medical Record Number:	1234
Admission Date:	1/1/2007	Statement Covers Period:	01/01/2007 - 01/31/2007
Admission Hour:		Bill Type:	213
Admission Type:	3	Attending Physician ID:	
Admission Source:	6	Original Reference Number:	
Discharge Hour:		Prior Authorization Number:	
Coinsurance Days:		Medicare Paid Amount:	
Lifetime Reserve Days:		Principal Procedure Code:	
Covered Days:	31	Principal Procedure Date:	
Non-Covered Days:		Patient Status:	30
Admitting Diagnosis Code:		E-Code:	
Principal Diagnosis Code:	3449	Other Insurance Amount:	
Service Provider NPI:		Billing Provider NPI:	
Referring Provider NPI:		Attending Provider NPI:	

Value Codes/Amounts	Condition Codes	Other Diagnosis Codes	Occurrence Codes/Dates	Other Procedure Codes/Dates	Span Codes/Dates
1	1	1 29590	1	1	1 -
2	2	2	2	2	2 -
3	3	3	3	3	
4	4	4	4	4	
5	5	5	5	5	
6	6	6	6		
7	7	7	7		
8	8	8	8		
9					
10					
11					
12					

Click on
[Edit Current Claim](#)
to fix errors or make
changes to the claim

Click on
[Enter New Claim](#)
to enter another
claim

Service Lines

Line #	Revenue Code	NDC Code	HCPCS Code	Modifier 1	Modifier 2	Service Date	Service Units	Billed Amount	Non-Covered Amount
1	0193						31	5,459.72	0.00

Edit Current Claim

Enter New Claim

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Account Information

User Name: awescobedo

User ID: 0000020

Type: Individual

IP: 170.68.241.46

AHCCCS Provider ID: 436198

User Account

Claim Submission

Enter New Claim

Type of Claim: Professional


You can now enter a New Claim (See 4.b-page 34)

View Status

Date of Submission: 06/13/2007

If a provider wants to see a list of all the claims entered on a specific date just type that date here.

Then Click Go.



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Arizona Health Care Cost Containment System Online Claim Submissions

Claim Type	Submission Date/Time	Patient Account Number	Status	Processing Date/Time	CRN	Adjudication
Institutional	6/13/2007 7:38:14 AM	DOEJ	Pending			
Institutional	6/13/2007 7:45:38 AM	DOEJ	Pending			

Record Count: 2

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This page will show if the claim is pending, paid, or denied. You can still edit any claim in a pended status by clicking on the Patient Account #. You can also print this page for your record.

Note:

Set your printer to print landscape if you want to print this page for your record.

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